

Telecom Management, Inc. d/b/a Pioneer Telephone 39 Darling Avenue ● South Portland ● Maine ● 04106 Phone: (207) 774-9500 ● Fax: (207) 774-9508 www.pioneertelephone.com

March 29, 2011

SC PUBLIC SERVICE COMMISSION CLERK'S OFFICE PO DRAWER 11649 COLUMBIA SC 29211

RE: Telecom Management, Inc. dba Pioneer Telephone (Pioneer) Authorized Utility Representative Form for Telecoms

To Whom It May Concern:

I have enclosed Pioneer's Form as requested.

Please contact me with any questions or concerns.

Sincerely,

Kevin Photiades Regulatory Manager kphotiades@pioneertelephone.com

(207) 774-9500 x 232

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC []CLEC []ILEC []Wireless

		CERTIFICATED COMP	ANY INFORMATION			
Telecon	n Management, Inc.					
	ny Name					
Pioneer	Telephone		(207) 774-9500			
Dba			Telephone #			
39 Dar	ling Ave.					
	Address					
South F	Portland ME 04106					
City, Sta	ate, Zip Code		7.1			
Same as above						
Business Location (A)						
City, St	ate, Zip Code		County	90/ 1		
		REGISTERED AGE	NT INFORMATION			
D						
Registe	ered Agent: <u>National R</u>	egistered Agents, Inc.				
Mailing	Address: 2 Office Par	k Court. Suite 103				
inamig	7.444.000. <u>2.011100 7.4.</u>					
City, St	ate, Zip Code: Colum	bia, SC 29223				
<u>Р</u> А.	Pursuant to the Commission's rules and regulations, print or type company contact for the following areas: David Shorey, Director of Operations					
General Manager (Include address if different than above.)						
	(207) 774-9500	/ (207) 774-9508 Facsimile Number	/ dshorey@pioneertelephone.com E-mail Address			
	Telephone Number	racsimile number	L-mail Address			
B.	Donald Hendrix, Customer Service Manager					
		omplaints Representative (Include				
	(207) 774-9500	/ (207) 774-9508 Facsimile Number	/ dhendrix@pioneertelephone.com E-mail Address			
	Telephone Number	Facsimile Number	E-mail Address			
C1.	Kevin Photiades, Regulatory Manager					
	Customer Relations/Co	mplaints Representative for Esca		merent than above.)		
	(207) 774-9500	/ (207) 774-9508	/ kphotiades@pioneertelephone.com E-mail Address			
	Telephone Number	Facsimile Number	E-Mail Address			
C2.	(888) 492-6878	I Cara Number				
	Customer Contact (Tol					
D.	Lane Gillespie, Communications Network Manager Engineering Operations (Include address if different than above.)					
	• • •	•				
	(207) 774-9500	/ (207) 774-9508 Facsimile Number	/ Igillespie@pioneertelephone.com E-mail Address			
	Telephone Number	rausimile Number	E-mail Addiess			
E.	Lane Gillespie	de address if different them shows \				
	i est and Repair (Inclu	de address if different than above.)	,			
	Telephone Number	Facsimile Number	F-mail Address			

F.	David Shorey, Director of Operations Emergencies (During non-office hours)						
	(877) 878-2236 (Confidential – For Emergencies Only) / /						
	Telephone Number	Facsimile Number	E-mail Address				
In add	lition, please provide the follo	owing company contact informa	tion to assist in proper routing of correspor	ndence and invoices:			
G.	Kevin Photiades, Regulatory Manager						
	Regulatory Officer (Inc.	lude address if different than above	e.)				
	Telephone Number	Facsimile Number	E-mail Address				
Н.	Kevin Photiades, Regulatory Manager						
	Dual Party Mailings (Name)						
	Mailing Address	1	1				
	Telephone Number	Facsimile Number	E-mail Address				
1.	Kevin Photiades, Regulator	Kevin Photiades, Regulatory Manager					
	Interim LEC Fund Mailings (Name)						
	Mailing Address	1	1				
	Telephone Number	Facsimile Number	E-mail Address				
J.	Kevin Photiades, Regulatory Manager Universal Service Fund Mailings (Name)						
	Mailing Address	1	1				
	Telephone Number	Facsimile Number	E-mail Address				
K.	Kevin Photiades, Regulatory Manager Gross Receipts Mailings (Name)						
	отоос такооприя такооприя до	(
	Mailing Address	I	1				
	Telephone Number	Facsimile Number	E-mail Address				
L.	Kevin Photiades, Regulatory Manager						
	Lifeline Mailings (Name)						
	Mailing Address	1	1				
	Telephone Number	Facsimile Number	E-mail Address				
			Haus				
	Kevin Photiades		Signature				
	This form was completed by (print name)		ŭ				
	Regulatory Manager		3/28/11				
	Title		Date				
	RETURN COMPLETED FO	ORM TO:					
	Public Service Commission of SC		Office of Regulatory Staff				
	Docketing De	e paπmenτ rawer 11649	Attn: Jeanne Gordon 1401 Main Street, Suite 900				
	Post Office Drawer 11649 Columbia, South Carolina 29211		Columbia, South Carolina 29201	(Rev. PSC 01/2010)			

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